

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Celebrating 26 Years of Advocacy & Achievement

Childhood Wellness Committee

August 30, 2010 Unapproved Minutes

CHILDHOOD WELLNESS COMMITTEE (Quorum Established)

<u>Present</u> <u>Absent</u>

Adelina Sorkin, Chair Ann Franzen, Co-Chair Helen A. Kleinberg

COMMISSIONERS

Patricia Curry Chair

Susan F. Friedman Vice Chair

Steven M. Olivas, Esq.

Vice Chair

Stacey Savelle Vice Chair

Carol O.Biondi
Ann Franzen
Dr. Sunny Kang
Helen A. Kleinberg
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Sandra Rudnick
Adelina Sorkin, LCSW/ACSW
Martha Trevino Powell
Dr. Harriette F. Williams

MEETING ATTENDEES

Alberto Ramirez, Probation
Larry Rubin, Probation
Tanya Fields, Probation
Stephanie Sasnauskas, Probation
Donna Fernandez, DCFS
Maria Lieras, DCFS
Susan Vu-Pritko
Narek Artonian, Commission Services

The Meeting of the Childhood Wellness Committee of the Commission for Children and Families was held in Room B-22 - Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012. Please note that these minutes are intended as a summary and not as a verbatim transcript of the events at this meeting.

TOPIC		DISCUSSION/FINDINGS/ACTION TAKEN
I.	CALL TO ORDER	Action Taken: Chair Sorkin (Childhood Wellness Committee) called the meeting to order at 10:07 a.m. and welcomed all in attendance.

TOPIC	DISCUSSION/FINDINGS/ACTION TAKEN
 II. APPROVAL OF MINUTES January 25, 2010 April 5, 2010 	Action Taken: On motion of Chair Sorkin, seconded by Commissioner Franzen, the minutes of the meetings of January 25, 2010 and April 5, 2010 were approved.
III. DISCUSSIONS/ PRESENTATIONS 1. Nutrition and Physical Activity in Juvenile Halls and Probation Camps Probation Department: Alberto Ramirez Larry Rubin Tanya Fields Stephanie Sasnauskas	 Alberto Ramirez, RTSB Consultant, Probation Department The Correction Standards Authority for the state of California establishes minimum physical activity standards for juvenile facilities per Title 15, Section 1371 – Recreation and Exercise. Every camp has a written activity schedule, which identifies recreational time (copy on file). The exercise program includes the opportunity for at least one hour of outdoor physical activity each day; weather permitting. Juvenile facilities provide the opportunity for recreation and exercise a minimum of three hours a day during the week and five hours a day each Saturday, Sunday or other non-school days, of which one hour is dedicated to large muscle exercise. Select juveniles are allowed to attend activities outside of camp that promote organized sports or physical activity through the It's Time for Kids program. In addition, select juveniles are allowed to participate in a culinary school located within the facility. The most recent census of Probation Camps revealed that 1,250 youth are housed in the 16 camps located throughout the County. Placement of juveniles to specific camps is determined by the services needed by the youth, as each camp provides a different level of service. Larry Rubin, Probation Department Mr. Rubin provided the Probation Department's Group Supervision Policy DSB-600 (copy on file). In response to questions posed by the Committee, he added the following:

TOPIC	DISCUSSION/FINDINGS/ACTION TAKEN
	• All juveniles entering camps or halls must be assessed by the Medical staff within 96 hours of entry. During the medical assessment, their Body Mass Index (BMI) is determined. Although minors at Juvenile Halls do not receive an individualized treatment plan for obesity, they are given nutritional information. Additionally, medical staff may prescribe a specialized diet in extreme cases of obesity or for underweight juveniles.
	• Medical records accompany juveniles while they transition through camps and halls. A case plan is another vital component of their records, which also accompanies the youth throughout their stay. In stances in which a youth has received mental health treatment, the mental health professional is also charged with completing the case plan. Due to the relative short stay of youth in juvenile halls, a discharge plan is not prepared by the halls.
	When juveniles have complaints about not receiving enough food, they are referred to medical staff for assessment. Juveniles are also allowed to file grievances with the Probation Department Ombudsman.
	Parents or legal guardians are not allowed to bring outside food or drinks when visiting juveniles in camps or halls. Each Juvenile camp and hall has an "Al Jones Store" which is a food rewards program in which juveniles can earn points that can be used towards the purchase of privileged food items. Points are earned for good behaviors; however, points can be lost if juvenile displays unacceptable behavior or enters the special handling unit.
	■ There are a total of 1,123 juveniles in the three Halls; Central, Los Padrinos and Barry J. Nidorff. Juveniles are usually placed at Probation Halls based on the location closest to their assigned court house.
	Tanya Fields, Probation Department
	 After the initial assessment by the Probation medical staff, a child with special medical needs is given a specialized diet. For example, if pre-diabetic symptoms exist, a minor is placed on a specialized diet. Vegetarian meals are also available for those who do not consume meat. The Probation Department's menus are currently being updated.

TOPIC	DISCUSSION/FINDINGS/ACTION TAKEN
	 Through surveys juveniles are given the opportunity to provide feedback and voice their opinion regarding menu items. Additionally, Food Service Managers also observe the juveniles while they eat. The <i>My Pyramid</i> is an excellent resource guideline for a healthy diet; unfortunately, it was not taken into consideration during the development of the new Probation menu. The new menu has incorporated a larger use of turkey based products for burgers, hot dogs, and sausages.
	Stephanie Sasnauskas, Probation Department
	 The Probation Department decides menu selections, but the actual preparation of food is contracted out. The contract company tracks the level of consumption for each item and how much food is wasted.
	 Larger food portions are not served simply because the youth requests them; juveniles are given larger food portions only for medical reasons.
	Action Taken: The presentation provided by the Probation Department was received and filed.
2. Status Update on Department of Children and Family Services' (DCFS)	Ms. Donna Fernandez, and co-presenters, Maria Lieras and Susan Vu-Pritko, DCFS, provided an update on DCFS Childhood Obesity Plan. They added the following:
Childhood Obesity Plan DCFS	 DCFS revised the Existing Procedural Guide 0600-506.00 (Guide), Healthy Lifestyle Plan. This Procedure Guide was reorganized and updated to reflect new headings, definitions, and links to resources (copy on file).
Donna Fernandez Maria Lieras Susan Vu-Prikto	Prior to the revisions of the Guide, DCFS co-chaired an Ad-Hoc workgroup that developed training recommendations for the Guide. The workgroup was very well represented with members from DCFS, the Departments of County Counsel, Health Services, Mental Health, Parks and Recreation, the Commission for Children and Families, relative caregivers, Kinship Council, and the Foster Parents Association.

TOPIC	DISCUSSION/FINDINGS/ACTION TAKEN
	 The workgroup determined that in order to train staff based on DCFS policy, the policy itself needed to be revised. Policy revision's included: A Title change which now is "Promoting Children's Physical Well-Being and Health." A more user-friendly BMI definition. Increased information on anorexia, bulimia and other eating disorders. Defined healthy lifestyle practices Additional information on prevention. In addition, the Healthy Lifestyle Practices document was included within the Procedure Guide as an attachment which contains listing of several resources.
	DCFS consulted with the presiding Judge of the Juvenile Court, Judge Michael Nash, prior to implementing the revisions to the Policy to ensure he was in agreement with the proposed changes. Because the Juvenile Court already established a protocol to address the health and weight issues of dependent children/youth under the supervision of DCFS, the revised Policy references the Court protocol. The revised Policy was released in January 2010.
	• In March 2010, the policy was revised again to include a Special Project Tab to identify the number of children with a BMI of 95% or greater, and who are receiving services from DCFS. This information will assist in providing the appropriate services for this population. In addition, Case-Carrying CSWs will continue to monitor children and youth's progresses who have been identified with weight issues and/or who are on psychotropic medication.
	 The Guidelines promoting healthy lifestyle practices are designed for children that are aged two and above; however, there are recommendations for very young children.
	 The Women, Infants, and Children program (WIC), is also valuable nutrition program that helps pregnant women, new mothers, and young children eat well and stay healthy.
	 In 2009, two Childhood Nutrition trainings were conducted for Public Health Nurses and Children's Social Workers by Dr. Rachelle Tyler, the Associate Professor for Pediatrics at UCLA. The training curriculum included age appropriate feeding for young children five years old and younger. A similar training was conducted for caregivers.

TOPIC	DISCUSSION/FINDINGS/ACTION TAKEN
3. Healthy Lifestyle Trainings for Relative Caregivers Michael Gray, DCFS	 Action Taken: The status update on DCFS Childhood Obesity Plan was received and filed Mr. Gray, DCFS, reported the following: DCFS, in partnership with the Childhood Wellness Committee, conducted seven Healthy Lifestyle Trainings in 2010. One of the trainings was sponsored by a community-based agency, and the other six where held at local churches. Unfortunately, the turnout was low given the amount flyers that were distributed to relative caregivers. It also appears that the turnout was so low because DCFS was conducting the trainings which intimidated relative caregivers. Perhaps, allowing the community-based agencies to take the lead on these trainings would increase participation by relative caregivers. The Wellness Committee enjoyed the trainings and felt that the Relative Caregivers really enjoyed and learned a great deal. Action Taken: Mr. Gray's verbal report was received and filed.
IV. PUBLIC COMMENT	There was none.
V. ADJOURNMENT	Chair Sorkin adjourned the meeting at 11:51 a.m.

Reviewed and approved by: Nina Sorkin, LCSW Prepared by: Narek Artonian Date: September 1, 2010